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Bib Data Sheet

CONFIRMATION NO. 2830

| SERIAL NUMBER | FILING OR 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/687,706    | 10/20/2003               | 424   | 1657           | 102258.170 US2         |
| RULE          |                          |       |                |                        |

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/697,317 10/27/2000 PAT 6,635,273 which claims benefit of 60/179,020 01/31/2000 and claims benefit of 60/162,230 10/29/1999  
This application 10/687,706  
is a CON of 10/415,136 04/25/2003 PAT 7,235,237  
which is a 371 of PCT/US01/14245 05/02/2001  
which is a CIP of PCT/US00/29528 10/27/2000  
which claims benefit of 60/179,020 01/31/2000  
and claims benefit of 60/162,230 10/29/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
01/20/2004

\*\* SMALL ENTITY \*\*

|   |                           |                        |                        |                            |
|---|---------------------------|------------------------|------------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MA | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>169 | INDEPENDENT<br>CLAIMS<br>7 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                        |                            |
| Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>   |                           |                        |                        |                            |

ADDRESS  
25270

## TITLE

Composition For Treating Vascular Diseases Characterized By Nitric Oxide Insufficiency

|                                |   |  |
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| FILING FEE<br>RECEIVED<br>2460 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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